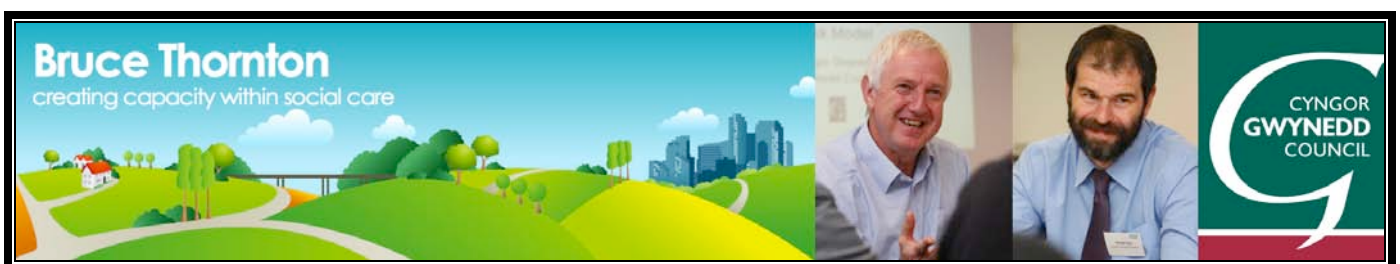


# ‘New horizons in safeguarding children’

Promoting children's safety and wellbeing  
through innovation and organisational change  
23 – 24 May 2012 : Manchester

## ‘The Risk Model’

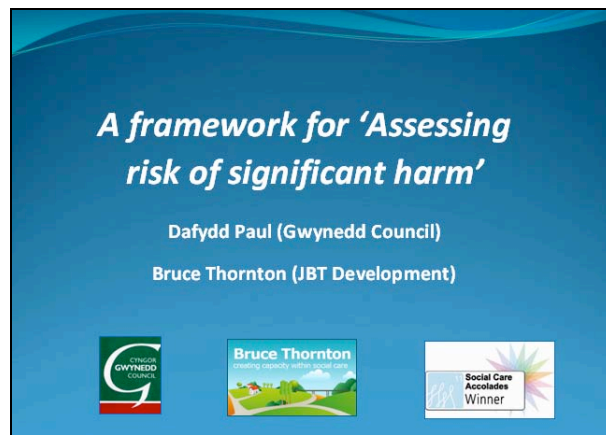
creating a practical tool for social workers  
to assess the risk of significant harm to children



# NSPCC Conference – Manchester 'New horizons in Safeguarding children'

Notes of presentation to the workshop on  
the 'Risk Model' by Dafydd Paul,  
Gwynedd Council, Wales.

1



Good morning

My name is Dafydd Paul.

I am a Registered Social Worker based in Gwynedd, North Wales.

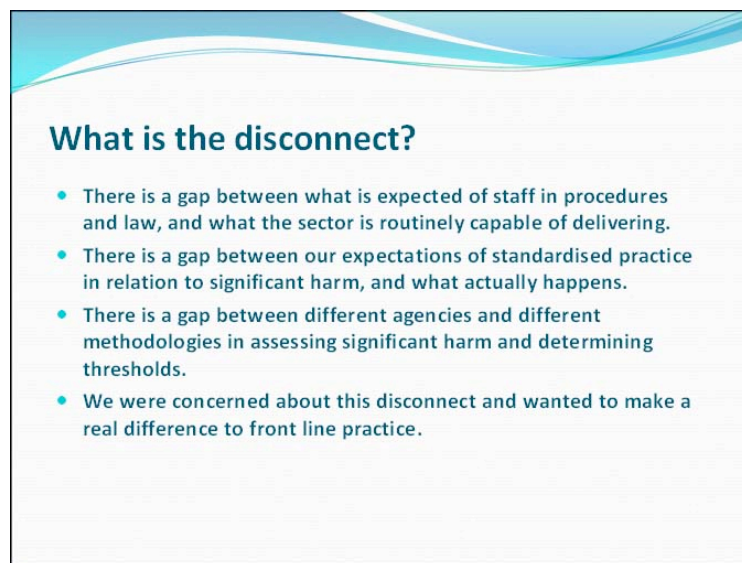
I work as a Development Manager within Gwynedd Social Services.

This work was developed with a colleague of mine, Bruce Thornton. Bruce is an independent consultant and trainer and he has co-authored this development.

We usually like a little more time for presentations, making it interactive and engaging for you. That isn't possible today, so please forgive us. We pride ourselves on a belief that we must engage front line practitioners, honestly, with fearless compassion in improving practice. So a presentation style such as this is not what we'd normally recommend as a working, engaging style.

One of the challenges posed in the Munro Review is about improving quality and consistency in decision making. Another issue familiar to us all is the view that analysis is generally poor within assessment processes. This presentation is about analysis, decision making and clarity about significant harm. I believe this is one of the most important challenges facing social work today.

2



The theme of this presentation is one of **disconnect**. I feel I spend most of my time in this **gap** between things that don't align.

There's a gap between what is expected of staff in procedures and law, and what the sector is routinely capable of delivering.

There is another gap specifically around significant harm. We expect that social workers assess the risk of significant harm in a standardised and systematic way. Generally, this doesn't happen in practice. Poor assessment of risk of significant harm is a recurring theme in Serious Case Reviews.

Why do I believe that this is a concern? We all know that the concept of significant harm is the pivotal, trigger or threshold for intervention. This authorises the state to intervene in family life without consent. So, if

‘significant harm’ is so important, then our workforce should above all else, be **experts** in reaching those judgements.

So here lies another dilemma for us. Are we experts in reaching judgements about significant harm?

**So, how did this all start?**

We were asked originally by a team manager – ‘how do I undertake a risk assessment in the context of the Assessment Framework?’

And before you sit back comfortably thinking there are plenty of risk assessment models out there, I agree. We often meet managers and organisations who point out they use one model or another. Often highly complex models, that will have infinitely better academic rigour than our work. However, the disconnect is that we’ve been in such authorities where not a single risk assessment using the complex, corporate, approved model has been undertaken in the previous 12 months.

And of course this exists because assessments take too long to complete, are seen as too complex and time consuming.

So what do they do instead? Nothing formal, but a void left and consequently variation across the workforce.

And I’d like us to think briefly about the criticality of decision making. For every decision that reaches Court, and a Judge will decide absolutely in relation to significant harm, there will be tens, possibly hundreds of small judgements taken in that specific case. And across caseloads in organisations, there are hundreds, thousands of judgements and decisions taken every year.

So how can we make decision making better – all the time ?

So we've established two things.

We should be experts around significant harm, and every decision, like approaching a junction on a map, is critical in determining your journey.

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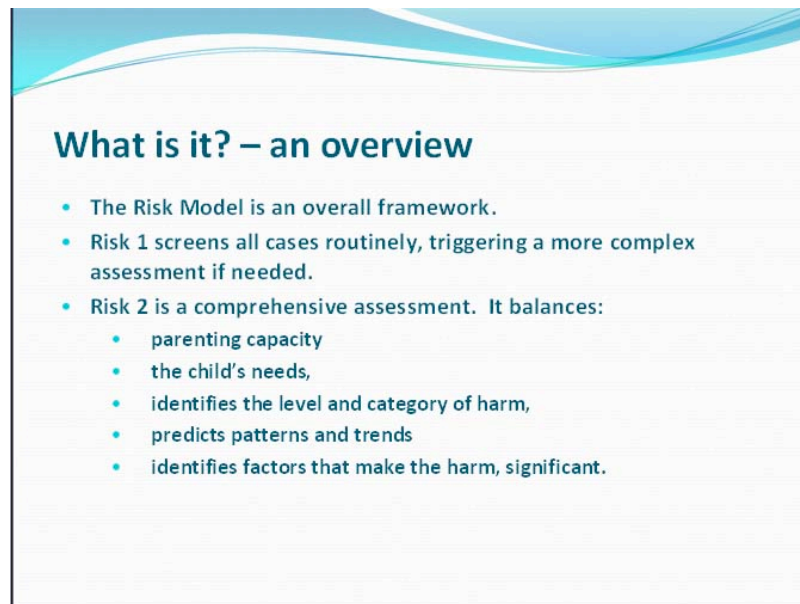


So , what did we do? We developed a risk assessment framework, on the basis of being:

- **Easy** for busy social workers to use
- Something **practical** for use day in, day out
- It had to fit into the way people worked, for example:
  - We used the supervision process, already well embedded in social work practice, as its gateway.
- It had to be **proportional** – not forcing workers to undertake unnecessary work
- It had to assist decision making, not only in those formal risk assessments for Court, but in the way people approach **every** decision or judgement.
- It forced individuals and organisations to face the question of ‘what is significant harm?’

- We found that this led to **clarity** – often managers and supervisor had to become clear in their own minds, before asking their workers about it.
- We found that by creating a framework for decision making, workers became more **confident**

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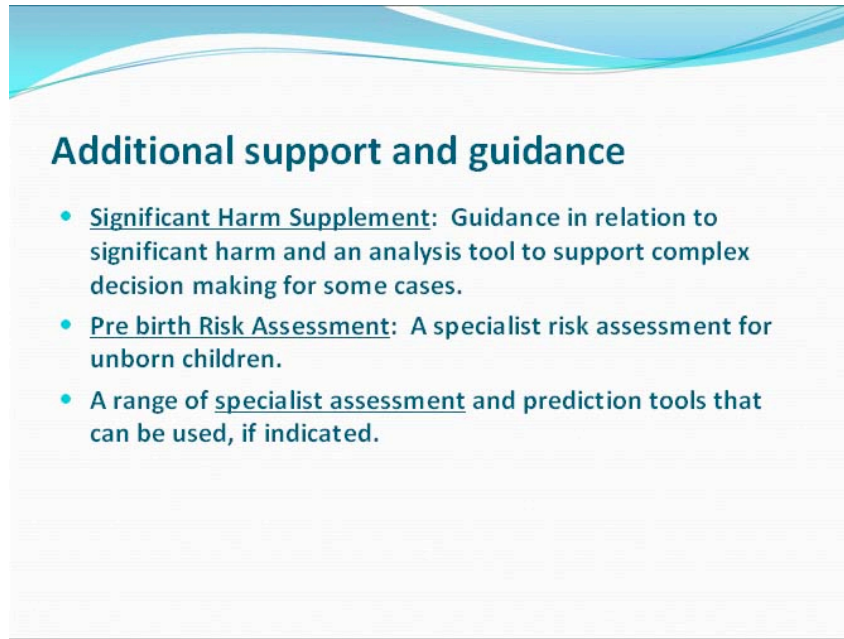


**What is it? – an overview**

- The Risk Model is an overall framework.
- Risk 1 screens all cases routinely, triggering a more complex assessment if needed.
- Risk 2 is a comprehensive assessment. It balances:
  - parenting capacity
  - the child's needs,
  - identifies the level and category of harm,
  - predicts patterns and trends
  - identifies factors that make the harm, significant.

So what is the Risk Model?

- It's an overall framework with 2 stages
- It screens all cases routinely – so it screens all children
- But only triggers more complex assessments if this is considered appropriate
- The more complex assessment provides a structure for the analysis of significant harm. This has been presented formally to Court but it also works with families to explain the concerns of agencies. It balances forming a judgement about parental capacity, the level of the child's unmet needs, the level and category of harm, emerging patterns and what factors may indicate that the harm, may be significant. Workers then conclude with a judgement whether significant harm is indicated.



It is very important that the simplicity of the Risk Model is clear. Stage 1 screens all cases very simply. Stage 2 or Risk 2 is a more detailed risk assessment which is triggered where appropriate.

Beyond these two stages and the two main tools there are other parts of the Model that can be used, if needed. For example we have guidance notes and case examples. We also have other tools to support workers.

In some cases, getting at the significance of harm is more difficult. The model supports this by having an **additional tool** to surface aspects of significance. It balances substantiality of harm against the inference or meaning. By disciplining the analyst to take different perspectives on the information, this becomes clear. It is a little like walking around a house, observing all of it's sides. By having these perspectives, when you're asked to describe the house, you will have a description built in your mind.

We also have developed a version of Risk 2 specifically for unborn children.



One benefit we've noticed of having a structure to the way risk assessments are undertaken, is that it changes people's language. I'm often asked to help social workers try to work through their analysis and decision making in difficult marginal cases. Is this really a child in need? Has this crossed that threshold into safeguarding? Even in making decisions at the end of Initial Assessments, we can use a short hand of this decision making structure in Risk 2 to help the worker gain greater clarity.

We've mentioned the Significant Harm supplement and a version of Risk 2 for unborn children. Sometimes holistic assessments need to have very specific focus on an area of need. For example, focus on young carer needs or substance misuse of a young person.

As part of the Risk Model, a library of other tools can be used, if needed, to support the assessment. You'll already be familiar with some of these and some that we've developed as part of this Model. We find the three change tools particularly useful as the issues of change tend to have a close relationship with the judgement of significance of any harm identified.

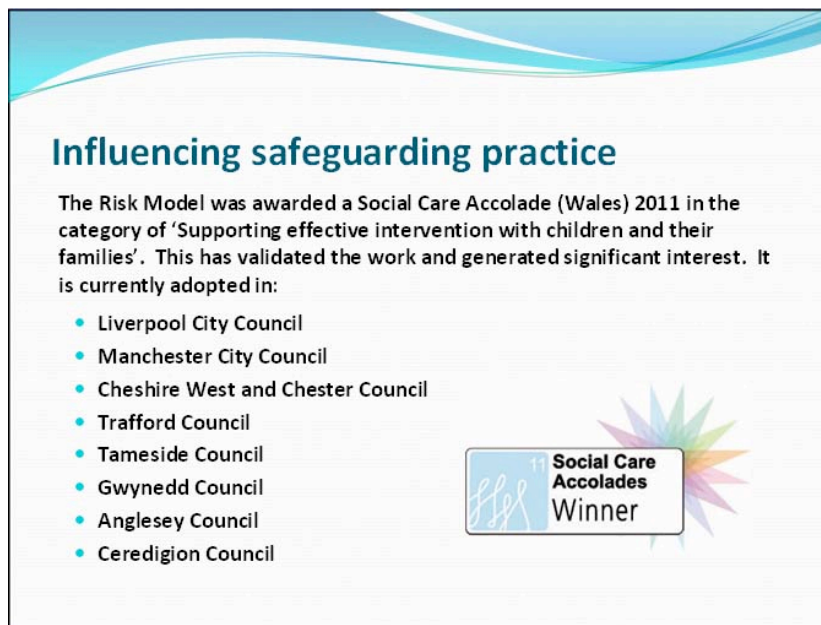
I'll focus briefly on change. When we work with families within safeguarding, it is due to aspects of the child's needs being unmet. The circumstances are not acceptable and inevitably require some change. Working with families we need to understand their capacity and motivation to change. Otherwise, families are 'set up' to fail. What is their motivational driver? Is it primarily internal or external? Their external motivation is often about a fear that you will exercise your full authority and remove their children. External motivation often results in masked compliance and we know from research that the predominance of external motivation leads to reduced likelihood that change can be sustained. Assessment has to surface these tensions. The 3 change tools may help provide greater focus.



Other tools look at areas such as neglect. Again a vague, overarching concept that needs clarification. Tools such as Home Conditions provide an accessible quick focus, and Graded Care goes into much greater detail.

We don't suggest that workers have to use tools for everything. However, where they have a need for greater focus, there are support tools to assist their assessment if they'd like to use these.

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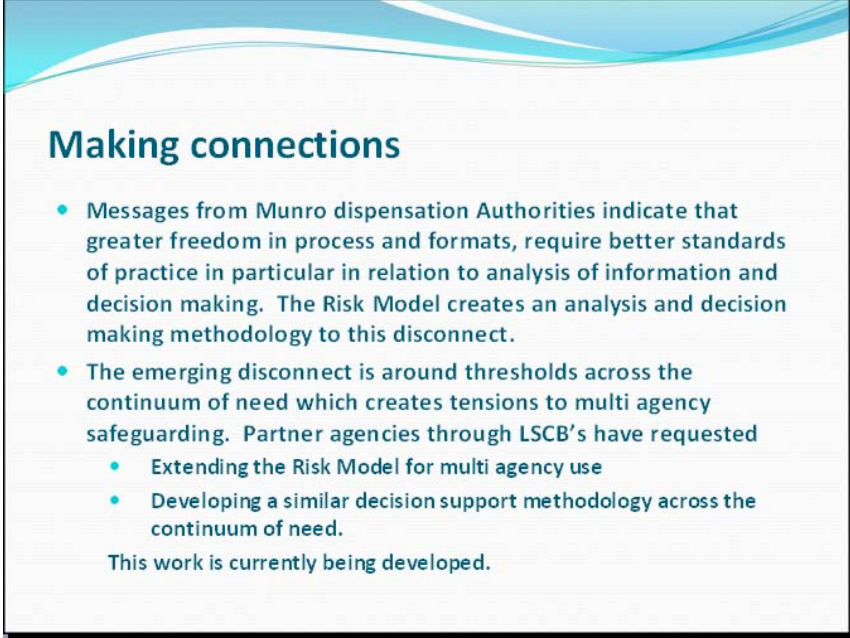
The Risk Model was awarded a Social Care Accolade in Wales last year. As you'd expect this has generated a lot of interest and we continue to look for opportunities to share our learning. The Risk Model has been adopted in a number of authorities in England and Wales.

I started this presentation saying that I thought improving analysis, decision making and clarity in relation to significant harm to be one of the most important challenges facing social work today. But as a profession we seem to have little capacity for these developments. ICS and performance management has left us exasperated and it seems to take a Serious Case Review to remind us of the importance of improving social work practice.

As you all appreciate, influencing practice in this most difficult of arenas is challenging. Despite everyone having too much to do, the authorities who are adopting the Risk Model want to empower their social workers to improve the quality and consistency of decision making.

There is also an increasing interest from other agencies. We have been asked 'How can we use this in Health?' or 'Can you make this decision making framework work in a multi agency setting or with eCAF?' We are currently responding to this challenge.

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**Making connections**

- Messages from Munro dispensation Authorities indicate that greater freedom in process and formats, require better standards of practice in particular in relation to analysis of information and decision making. The Risk Model creates an analysis and decision making methodology to this disconnect.
- The emerging disconnect is around thresholds across the continuum of need which creates tensions to multi agency safeguarding. Partner agencies through LSCB's have requested
  - Extending the Risk Model for multi agency use
  - Developing a similar decision support methodology across the continuum of need.

This work is currently being developed.

We recently attended an information sharing event about Munro developments. Some of the dispensation areas shared their learning. It seemed to me, their biggest challenge was that in relaxing process and recording formats, they needed to be much better in their fundamental practice. So, the Munro challenge, is to make sure that we are indeed ready as a profession to shoulder the improved professional responsibility and autonomy that comes with relaxed specification. It is this, that the Risk Model attempts to support. Acknowledging the disconnect, the Risk Model starts to bridge the gap. The Risk Model helps us to be ready, by making

better more consistent decisions and developing social workers who are more confident in their practice.

So as we close, what have we emphasised. Briefly, if we are to respond to Munro, we need to find ways of supporting analysis and decision making for front line workers. Models have to be simple. Models can't be so complex that they can't be used every day. Models have to be owned by front line workers. Models can't be seen as inaccessible to be only the domain of academics or specialist experts commissioned to undertake risk assessments on our behalf. We will only make a difference if we do this for real life, front line practice, applicable day in, day out.

I hope I haven't given you an impression this is easy. Exercising leadership in social care is about clarity about what needs to be in place to safeguard children, being persistent and unyielding in your application amidst all the distractions. I stated my view that improving analysis, decision making and clarity about significant harm is one of the most important challenges facing social work today. My own leadership challenge is therefore in seeing this through within my own service as well as supporting other leaders to improve safeguarding.



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This presentation had to be brief. It may leave you with more questions than answers. Here are some contact details for you. Some of you will be very familiar with social media and quickly realise that we are merely amateurs. There is reference to a website that has a lot of this information.

There may be a few minutes remaining for us to answer some of your questions.

Otherwise, please come and talk to us today, ask us to fill in the gaps for you. You can check out the website and please keep in contact with us.

Thank you